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Appl. No. 10/728,584
Amdt. Dated 01/27/05
Reply to Office Action of 10/27/04

UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/728,584 Confirmation No. 8957
Applicant : Scott C. Warrington
Filed : April 19, 2004
TC/AU : 3673
Examiner : Michael Trettel
Docket No. : FRA3322
Customer No. : 34356

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office action of **10/27/2004**, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 7 of this paper.

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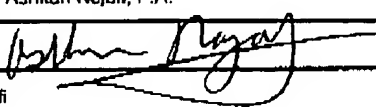
PTO/SB/21 (09-04)

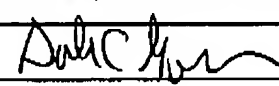
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/728,584	
	Filing Date	April 19, 2004	
	First Named Inventor	Scott C. Warrington	
	Art Unit	3873	
	Examiner Name	Michael Trettel	
Total Number of Pages in This Submission	8	Attorney Docket Number	FRA3322

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Seven page amendment in response to 10/27/04 Office Action.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Law Office of Ashkan Najafi, P.A.		
Signature			
Printed name	Ashkan Najafi		
Date	01/27/05	Reg. No.	49,078

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Dale C. Goerne	Date	01/27/05

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